

Kerala University of Health Sciences
Thrissur



**Inspection Proforma for Starting /Enhancement of seats of MS
Orthopaedics**

(All Points and parameters are to be verified and established in person by the designated Inspectors. All necessary documents to be verified and attested by the Principal for submission along with the report)

Reference _____

Particulars of the Assessor:-

Assessment Date _____

- | | |
|---------------------|---------------------|
| 1. Name - | 2. Name - |
| Speciality - | Speciality - |
| Designation - | Designation - |
| | |
| 3. Name - | |
| Speciality - | |
| Designation - | |

Part-I (Institutional Information)

A). General Information

1. Name of Institution:
- 2.. Particulars of Head of the Institution (Director/Dean/Principal whosoever is head)
 - ◆ Name:
 - ◆ Age :
 - ◆ PG Degree { University
Institution
Year
 - ◆ Total teaching experience(give details)

3. Previous Assessment of the college by MCI and KUHS if any (Attach copy): -

- Date
- Purpose, (for starting/increase of seats/ for recognition)
- Deficiencies pointed out, if any.

4. Purpose of present Assessment:

5. Mode of selection of students:

B) DETAILS OF THE COURSES CONDUCTED BY THE COLLEGE

(UG/PG DEGREE/DIPLOMA/SUPER SPECIALITY)

Sl No	Name of the course	No of seats	Year of commencement of course

(Details of courses should be attached in separate sheet in the specified proforma if necessary)

C) Institutional facilities:

1. Annual Plan & Non-plan budget allotted and utilized in the last three years.
(separate list should be attached)
2. Statement of Salary paid to the faculty staff during the last three years.
(separate list should be attached)

2. Requirements for admission

Sl no	Infrastructure facilities	LOP(In Batch)	1 st Renewal (2 nd Batch)	II nd Renewal (3 rd Batch)	III rd Renewal (4 th Batch)	Iv th Renewal (5 th Batch)	Recognition
1	Lecture Theatre (A) In College Building	a) Number					
		b)Capacity					
		c) Type					
	(b) In Hospital Building	a) Number					
		b)Capacity					
		c) Type					
2	Examination Hall	Capacity					
		Number					
3	Central Library(Air Conditioned)	a)Area(sq.m)					
		b)Seating capacity					
		c)Books					
		d)Journals (Indian+Foreign)					
		e) Purchase of latest editions in last 3 years.					
		f)Year/month upto which Journals available					
		g)Internet /Medlar/ Photocopy facilities available/ not					

		available				
		h) Library opening timings:				
		i) Reading facility out of route library hours				
		j) Library staff.				
4	Hostel	a) Boys/ Girls capacity				
		b) Residents capacity				
	(Hostel/Qtr)	c) Nurses accommodation @ 20%				
		d) Interns Hostel @ 100%				
5	Residential Quarters	a) Teaching @20%				
		b) Non-Teaching @20%				
6	Bed distribution				Bed Occupancy on the day of Inspection	
7	Medicine & Allied	a) General Medicine	Bed			
			unit			
		b) Paediatrics	Bed			
			unit			
		c) TB & Chest	Bed			
			unit			
d) Skin V D	Bed					
	unit					
e) Psychiatry	Bed					
	unit					
		Total				
8	Surgery & Allied	a) General surgery	Bed			
			unit			
		b) Orthopaedics	Bed			
			unit			
		c) Ophthalmology	Bed			
			unit			
d) ENT	Bed					
	unit					
		Total				
9	OBG	a) Obstetrics & ANC	Bed			
			unit			
		b) Gynaecology	Bed			
			unit			
		Total				
Grand Total						
10	OPD					
11	Bed Occupancy %					
12	OT	a) AC/Non AC				
		b) Numbers				
		c) Equipment(s)				
		d) Pre-Anaesthetic Clinic				
		e) Post-anaesthetic care area.				
		f) Resuscitation arrangement adequate/ inadequate				

		g) Pain Clinic		
		h) Total Anaesthesia staff		
		i) Average No. of cases operated daily	Major	
			Minor	
13	ICU	a) ICCU ICU PICU/NICU SICU		
		b) Causality Beds		
14	Radiology	a) Static unit-i)300mA ii)600mA iii)800mA IITV Fluoroscopy		
		b) Mobile Unit-i)60mA ii)-100mA		
		c)USG (Color)		
		d)CTScan(Minimum-16 Slice-Spiral) Any other		
		Mammography		
		Ba Studies/IVP		
		Others		
15	Radiotherapy	Radiotherapy		
		Teletherapy		
		Brachy therapy		
16	Pathology	Haematology		
		Histopathology		
		FNAC		
		Cytology		
17	Microbiology	Bacteriology		
		Serology		
		Mycology		
		Parasitology		
		Virology		
		Immunology		
18	Biochemistry	Blood Chemistry		
		Endocrinology		
		Other fluids		
19	Paramedical & Non Teaching Staff			
20	Nursing Staff	a)Nursing Supdt.		
		b)Dy. Nursing Supdt.		
		c)Asstt. Dy.Nursing Supdt.		
		d)Nursing Sister		
		e)Staff Nurse		
		Total		
21	Practical Laboratories(College Building)			
22	Central Laboratory Wor (Hospital)	Controlling Department.		
		king Hours.		
		Investigative workload		
23	Blood Bank Licence No. & Date Average daily consumption of blood	No. of blood units available:		
		Average blood units consumed daily:		
		Facilities of blood components available: Yes/No		

		Nature of Blood storage facilities (Whether as per specifications). Yes/No	
		All blood Units tested for Hepatitis C,B,HIV: Yes/No	
24	Central Research Lab	Whether there is any Central Research Lab.	
		Administrative Control	
		Staff	
		Equipment	
		Work load.	
25	Average daily patients attendance	OPD	
		IPD	
		Average of bed occupancy rate	
		Year-wise average daily patient attendance (during previous period three years)	
26	College Council (Constitution)		
27	PG Committee (Constitution)		
28	Ethical Committee (Constitution)		
29	Medical Education Unit (Constitution). (Specify number of meetings of these bodies held annually & minutes thereof)		
30	Department of Illustration/Photography (Artist, Modeller, Photographer)		
31	Emergency/ Casualty Department	Available Space	
		No. of beds	
		Equipment(s)	
		Available staff (Medical/Paramedical)	
		No.,of cases (Average daily attendance of patients)	
		Investigative facilities available (round the clock)	
		Facilities available	
32	Central Supply of Oxygen/Suction: Available/ Not available		
33	Incinerator	Available/ Not available.	
		Functional/ not functional	
		Capacity	
34	Generator Facility Available/ Not available. Capacity:		
35	Medical Record Section: Computerized/ Not computerized.		
36	Animal House Available/ not available adequate / inadequate.		

37	Central Workshop: Available/not available adequate / inadequate.	
38	Recreational facilities:	Play grounds.
		Gymnasium
		Auditorium

D. Cardinal Deficiencies (if any)

- a) Infrastructure

- b) Equipments

- c) Clinical material

- d) Faculty and Residents(Separately)

- e) Academic training

Signature of Dean

Signature of Assessor

PART – II (Departmental Information)

1 Department inspected: ORTHOPAEDICS

2 Particulars of HOD

Name: _____ Age: _____ (Date of Birth) _____

PG Degree	Year	Institution	University
<i>Recognised/ Not Recognized</i>			

Teaching Experience

Designation	Institution	From	TO	Total experience
Asstt Professor				
Assoc Professor/Reader				
Professor				
		Grand Total		

a) Purpose of Present inspection:

Grant of Permission/ Recognition/ Increase of seats /
Renewal of recognition/Compliance Verification

b) Date of last MCI inspection of the department: _____

(Write Not Applicable for first MCI inspection)

c) Purpose of Last Inspection: _____

d) Result of last Inspection: _____

(Copy of MCI letter be attached)

3 Mode of selection (actual/proposed) of PG students.

4 If course already started, yearwise number of PG students admitted and available PG teachers during the last 5 years:

Year	No. of PG students admitted		No. of PG Teachers available in the dept. (give names)
	Degree	Diploma	
2016			
2015			
2014			
2013			
2012			

Signature of Dean

Signature of Assessor

Unit wise Teaching and Resident Staff:

Unit _____

Bed Strength _____ :

S. No.	Designation	Name with Date of Birth	Nature of employment Full time/part time/Hon.	PAN Number TDS deducted	PG QUALIFICATION			Experience Date wise teaching experience with designation & Institution						Signature of Faculty Member
					Subject with Year of passing	Institution	University	Designation Mentioning subject	Institution	From	To	Total Period	* Benefit of publications given in promotion Yes/No, if yes List publications here (no annexures)	

- Note:**
1. Unit wise teaching / Resident staff should be shown separately for each Unit in the Proforma.
 2. Use only the Format provided. DO NOT devise your own format otherwise the information will not be considered. Fill up all columns
 3. *Publications: Give only full articles in indexed Journals published during the period of promotion and list them here only. No Annexure will be seen.
 4. Incase of DNB qualification name of the institution/hospital from where DNB training was done and year of passing must be provided. Simply saying National Board of Examinations, New Delhi is not enough. Without these details DNB qualification holder will be summarily rejected.
 5. Experience of Defence services must be supported by certificate from competent authority of the office of DGAFM without which it will not be considered.

I have verified the eligibility of all faculty members for the post they are holding (based on experience certificates issued by competent authority of the place of working). Their experience details in different Designations and unitwise distribution is given the faculty table above.

Signature of Dean

Signature of Assessor

6. Has any of these faculties member considered in PG/UG inspection at any other college after 01.03.2015. If yes, give details.

Date of Inspection	Subject	Institution

- 7 List of Faculty joining and leaving after last inspection:

DESIGNATIONS	NUMBER	NAMES	
		JOINING FACULTY	LEAVING FACULTY
Professor			
Associate Prof.			
Assistant Prof.			
SR/Tutor/Demons.			
Others			

- 8 List of Non-teaching Staff in the department: -

S.No.	Name	Designation

- 9 Available Clinical Material: (Give the data only for the department of Orthopaedics)

Parameter	On the Day of Assessment	Average of 3 Days Random
OPD attendance upto 2 p.m.		
New admissions		
Total Beds occupied at 10 a.m.		
Total Required Beds		
Bed Occupancy at 10 a.m. (%)		
Major Operations		
Minor Operations		
Day Care Operations		
Normal Deliveries		
Caesarean Sections		
Deaths		

Note : Put N.A. for those columns not applicable

Signature of Dean

Signature of Assessor

10 Year-wise available clinical materials (during previous 3 years) for department of Orthopaedics

S.No.	Parameters	Year 1	Year 2	Year 3 (Last Year)
1	Total number of patients in OPD			
2	Total number of patients admitted (IPD)			
3	Total Number of Major Operations			
4	Total Number of Minor Operations			
5	Total Number of Day Care Operations			
6	Total Number of Normal Deliveries			
7	Total Number of Operative Deliveries			
8	Total Number of Caesarians			

Note : Put N.A. for those columns not applicable

11 Intensive Care facilities

I. ICU

- No. of beds:
- Beds occupied on inspection day:
- Average bed occupancy
- Available equipment

II. Any other intensive care service provided:

12 Specialty clinics being run by the department and number of patients in each

S.No.	Name of the Clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic In-charge
1	Fracture clinic				
2	CTEV clinic				
3	Spine Clinic				
4	Arthroplasty Clinic				
5	Hand Clinic				
6	Arthroscopy Clinic				
7	Any other				

13 Services provided by the Department.

- (a) Joint replacement (Hip, Knee)
- (b) Trauma services
- (c) Arthroplasty
- (d) Arthroscopy
- (e) Spine surgery
- (f) Physiotherapy Section.
- (f) Investigative facilities like Nerve conduction, EMG etc.
- (g) Plaster room/Plaster cutting room
- (h) Other special diagnostic facilities being provided by the department.

Signature of Dean

Signature of Assessor

14. Operation Theatres

- (a) Number of theatres
- (b) Number of OT Tables

15. Recovery Room (enclose in detail in separate sheet, if required)

- (a) Space
- (b) No. of beds

16 Departmental Library:

- Total No. of Books.
- Purchase of latest editions in last 3 years.
- No. of Journals

17 Departmental Research Lab.

- Space
- Equipment
- Research projects utilizing Deptt research lab.

18 Departmental Museum (Wherever applicable).

- Space:
- No. of specimens
- Charts/ Diagrams.

19 Space: OPD IPD

No. of rooms	
Patient Exam. arrangement:	
Equipments	
Equipments	
Waiting area for patients.	

20 Office space:

Department Office		office Space for Teaching Faculty	
Space for Clear	Yes/No	HOD	
Staff (Steno/Clerk)	Yes/No	Professors	
Computer/Typewriter:	Yes/No	Assoc. Prof.	
Storage space for files	Yes/No	Asstt. Prof.	
		Residents	

21. Clinico- Pathological conference

22. Death Review Meetings

23. Submission of data to national authorities if any -

Signature of Dean

Signature of Assessor

24 Equipments: List of important equipments available and their functional status
(List here only – NO annexure to be attached)

Arthroscope					
Image Intensifier					
Hip Arthroplasty set					
Knee Arthroplasty set					
Fracture Fixation set					
Spine surgery set					
DHS set					
Inter locking nail set					
Any other					

25. Academic outcome based parameters

- | | |
|---|--|
| (a) Theory classes taken in the last 12 months –
(Dates, Subjects, Name & Designation of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available |
| (b) Clinical Seminars in last 12 months
(Dates, Subjects, Name & Designation of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available |
| (c) Journal Clubs held in last 12 months
(Dates, Subjects, Name & Designation of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available |
| (d) Case presentations held in last 12 months
(Dates, Subjects, Name & Designation of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available |
| (e) Group discussions held in last 12 months
(Dates, Subjects, Name & Designation of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available |
| (f) Guest lectures held in last 12 months
(Dates, Subjects, Name & Designation of teachers, Attendance sheet) | Number _____
Available & Verified/
Not available |

26. Any other information.

Signature of Dean

Signature of Assessor

PART III

POSTGRADUATE EXAMINATION (Only At the Time of Recognition Inspection)

1. Minimum prescribed period of training.
(Date of admission of the Regular Batch appearing in examination)
2. Minimum prescribed essential attendance.
3. Periodic performance appraisal done or not?
4. Whether the candidates appearing in the examination have submitted their thesis six months before appearing in examination as per PG Regulations.2000?
5. Whether the thesis submitted by the candidates appearing in the examination been accepted or not?
6. Whether the candidates appearing in the examination have (i) presented one poster (ii) read one paper at National/State conference and presented one research paper which has been published/accepted for publication/sent for publication during period of their postgraduate study period.
7. Details of examiners appointed by Examining University.(Give Details here. No Annexures)
8. Whether appointment of examiners, their eligibility & conduct of examination is as per prescribed MCI norms or not ?
9. Standard of Theory papers and that of Clinical / Practical Examination:

10. Year of 1st batch pass out (mention name of previous/existing University)

Degree Course _____

- Note: (i) Please do not appoint retired faculty as External Examiner
(ii) There should be two internal and two external examiners. If there are no two internal examiners available in the department then only appoint three external examiners.

Signature of Dean

Signature of Assessor